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Brenda O. Holmes
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COMMENTS

Applicant: Gregory A. D'Amico
Title: Participant Controlled Mutual Fund
Serial No./Docket No.: 09/780,964 14104/198998
Filed: 02/09/2001

PAPERS SUBMITTED:

1. PTO/SB/21 - Transmittal form;
2. PTO/SB/06 - Fee Determination Record; and
3. PTO/SB/22 - Petition for Extension of Time;
4. Response to non-final Office Action Mailed 04/27/05; and
5. PTO-2038 Credit Card Payment form.

Date: August 24, 2005
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/780,964
	Filing Date	02/09/2001
	First Named Inventor	Gregory A. D'Amico
	Art Unit	3628
	Examiner Name	Nga B. Nguyen
Total Number of Pages in This Submission	Attorney Docket Number	14104/198998

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) PTO/SB/06 Fee Determination Record; and 2) PTO-2038 Credit Card payment form.
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	KILPATRICK STOCKTON LLP		
Signature	<i>Brenda O. Holmes</i>		
Printed name	Brenda O. Holmes		
Date	08-24-2004	Reg. No.	40,339

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO's Centralized Facsimile Number (571) 273.8300 on the date shown below.		
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